OMB APPROVAL NO. 1406-0091

EXPIRATION DATE 03-31-2001 ESTIMATED BURDEN: 30 MINUTES*

TYPE OR PRINT ALL ANSWERS CLEARLY

U.S. DEPARTMENT OF STATE



APPLICATION TO DETERMINE RETURNING RESIDENT STATUS

INSTRUCTIONS: This is an application for Special Immigrant Status under Section 101(a)(27)(A) of the Immigration and Nationality Act, for lawfully admitted permanent residents who are returning from a temporary visit abroad. To qualify you must submit with this application evidence that:

- (1) You had the status of an alien lawfully admitted for permanent residence at the time of departure from the United States;
- (2) You departed from the United States with the intention of returning and you have not abandoned this intention; and
- (3) You are returning to the United States from a temporary visit abroad and, if the stay abroad was protracted, this was caused by reasons beyond your control and for which you are not responsible.

Applicants must submit evidence with this application to support the above requirements, including proof of lawful permanent residence. (Examples: Form I-151, I-551, Reentry Permit, etc.), dates of travel abroad, (Example: airline tickets, passport stamps, etc.), proof of ties to the United States and intent to return, (Example: tax returns, and evidence of economic, family and social ties to the United States), and proof a protracted stay was for reasons beyond the applicant's control., (Examples: medical incapacitation, employment with a U.S. company, accompanying a U.S. citizen spouse, etc.). All documents will be returned to you.

(EX	kamples: medical incapacitati	ion, employment with a U.S.	. company, accompany	ing a U.S. citizen spou	ise, etc). All documents	will be returned to you.	
1.	NAME (Last name)		(First name)		(Mid	ldle name)	
2.	OTHER NAMES USED, A	LIASES (If married woma	nn, give maiden name) /			
_			 				
3.	CURRENT HOME ADDRE	SS AND TELEPHONE NU	MBER				
4.	4. PLACE OF BIRTH (City, Province, Country)			5. DATE OF BIRTH (Month, Day, Year)			
6.	MARITAL STATUS				1		
	Married	Single	Widowed	Divorced			
	If married, information about spouse -						
a. Name:							
i	b. Address:					_	
	c. Place of Birth:					_	
i	d. Date of Birth:						
	e. U.S. Residence Status, if any (U.S. citizen, LPR, etc.):						
7.	LIST BELOW ALL CLOSE	FAMILY MEMBERS IN T					
	<u>FULL NAME</u>		<u>RELATIONSHIP</u>	RESIDENT STATU	<u>JS</u> <u>PLAC</u>	E OF RESIDENCE	
8.	PREVIOUS IMMIGRATIO	N RECORD					
	a. INS "A" Number:		b. Immigration Category:				
	c. Previous Immigrant	c. Previous Immigrant Visa:		d. Adjustment of Status			
	DATE OF ISSUE	PLACE OF ISSUE		DATE OF ADJUSTI WITH I.N.S. (IF AN	MENT OF STATUS	PLACE OF ADJUSTMENT OF STATUS WITH I.N.S. (IF ANY)	
				WIIIII.N.O. III AIV	<u>1)</u>	Olatoo Williamor ja 7111.	
	e. Initial Entry into the United States:		f. Last Entry into the United States:				
	DATE OF ENTRY	PORT OF ENTRY		DATE OF ENTRY	PORT OF ENTR	Υ	
						_	
			<u> </u>				
9.	MOST RECENT DEPART Date of Departure:	IOST RECENT DEPARTURE FROM UNITED STATES Date of Departure: Destination:					
	Reason: Destination: ————————————————————————————————————						

FORM **DSP-117** (Rev. 03-1998)

*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (DIS/RA/DR) Washington, D.C. 20520-2064, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0091), Washington, D.C. 20503.

10.	WHAT CONTINUING TIES HAVE YOU MAINTAINED WITH THE UNITED STATES? WHAT EFFORTS HAVE YOU MADE TO AVOID ABANDONING YOUR PERMANENT RESIDENT STATUS IN THE UNITED STATES?
11.	REASONS FOR NOT RETURNING TO THE UNITED STATES UNTIL TIME OF THIS APPLICATION
12.	LIST BELOW ALL PERIODS THAT YOU HAVE LIVED ABROAD FOR SIX MONTHS OR LONGER SINCE YOUR INITIAL ENTRY INTO THE UNITED STATES AS A PERMANENT RESIDENT
	DATES (FROM - TO) COUNTRY
	
13.	HAVE YOU BEEN EMPLOYED ABROAD? YES NO
	If "Yes" complete the following: NAME OF EMPLOYER ADDRESS FROM-TO
14.	I WISH TO RETURN TO THE UNITED STATES ON OR ABOUT
	(Date) 15. I swear or affirm that all statements which appear on this application are true and complete to the best of my knowledge and belief. I understand that any false or misleading statement or willful concealment of a material fact may subject me to permanent exclusion from the United States. I understand that if this
;	application for special immigrant status is approved, I must apply for an immigrant visa within six months from the date of approval.
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	Signature of Applicant Date DO NOT WRITE IN THIS SPACE - OFFICIAL USE ONLY
	Approved 101(a)(27)(A) Disapproved Reason:
•	
	At:
_	Signature of Consular Officer Date Post
	REVIEWED: Concur Do NOT Concur
-	Signature of Paviawing Officer